Mississippi University for Women Foundation
Check Request Form

Date of Request: _____________ Amount of Request: ________________

Vendor Name: ______________________________________________________
Vendor Address: ____________________________________________________

Foundation Fund Name: _____________________________________________
Project number _____________

FOR FOUNDATION USE \ 
Expense Account Number: __________________________
Fund Balance Account Number: __________________________

Please call when ready: _____________ Please mail to the above address: ______
Please mail to campus address: _________________________________________
Name/Extension: ____________________________________________________

Description or Special Instructions: ______________________________________
(i.e., Due date) ______________________________________________________

Check Requested By: _________________________________________________
Approved By: _______________________________________________________

VP Cabinet approval (Staff) ____________________________
Dean approval (Faculty) ____________________________
Provost approval (Faculty) ____________________________
Foundation Approval: _____________________________________________

Send form with invoices or receipts attached to: MUW Foundation
P. O. Box W-1618, Columbus, MS 39701
(Suite 200, 2nd Floor of Welty Hall)
662.329.8550